

**STANDARD AGREEMENT**

STD 213 (DHS Rev 7/06)

REGISTRATION NUMBER

AGREEMENT NUMBER

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME

(Also referred to as CDHS, DHS, or the State)

California Department of Health Services

CONTRACTOR'S NAME

(Also referred to as Contractor)

2. The term of this Agreement is: January 1, 2008 through September 30, 2012

3. The maximum amount \$ of this Agreement is:

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of this Agreement.

Exhibit A – Scope of Work	1 page
Exhibit A, Attachment I – Takeover	62 pages
Exhibit A, Attachment II - Scope of Work – Operations	188 pages
Exhibit A, Attachment III - Turnover	21 pages
Exhibit A, Attachment IV – Additional Contractual Services	15 pages
Exhibit B - Payment Provisions	3 pages
Exhibit B , Attachment 1 – Special Payment Provisions	33 pages
Exhibit C * – General Terms and Conditions	GTC 306
Exhibit D (F) – Special Terms and Conditions (Attached hereto as part of this agreement)	26 pages
Notwithstanding provisions 6, 15, 16, 22, 23 and 30 which do not apply to this agreement	
Exhibit E – Additional Provisions	57 pages
Exhibit F – Contractor's Release	1 page
Exhibit G – Travel Reimbursement Information	2 pages
Exhibit H - HIPAA Addendum	7 pages
See Exhibit E, Provision 1 for additional incorporated exhibits.	

Items shown above with an Asterisk (\*), are hereby incorporated by reference and made part of this agreement as if attached hereto.  
 These documents can be viewed at <http://www.ols.dgs.ca.gov/Standard+Language>.

**IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.**

**CONTRACTOR**

CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)

BY (Authorized Signature)

DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS

**STATE OF CALIFORNIA**

AGENCY NAME

California Department of Health Services

BY (Authorized Signature)

DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

Allan Chinn, Chief, Contracts and Purchasing Services Section

ADDRESS

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Sacramento, CA 95899-7413**California Department of  
General Services Use Only**☐ Exempt per: